

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PG3612USWFirst Names Inventor:
Duncan Robert ARMOUR**Complete if known:**
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. _____ or PCT InternationalApplication Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

13 David J. Levy Reg. No. <u>27,655</u>	James P. Riek Reg. No. <u>39,009</u>	Bonnie L. Deppenbrock Reg. No. <u>28,209</u>
Charles E. Dadswell Reg. No. <u>35,851</u>	Virginia C. Bennett Reg. No. <u>37,092</u>	John L. Lemanowicz Reg. No. <u>37,380</u>
Karen L. Prus Reg. No. <u>39,337</u>	Frank P. Grassler Reg. No. <u>31,164</u>	Amy H. Fix Reg. No. <u>42,616</u>
Robert H. Brink Reg. No. <u>36,094</u>	Christopher P. Rogers Reg. No. <u>36,334</u>	
Elizabeth Selby Reg. No. <u>38,298</u>	Lorie Ann Morgan Reg. No. <u>38,181</u>	

Send Correspondence to:

David J. Levy, Patent Counsel
Corporate Intellectual Property Department
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ARMOUR	Duncan	Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BROWN	David	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CONGREAVE	Miles	Stuart
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

**COMBINED DECLARATION FOR UTILITY or DESIGN
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

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Charles E. Dadswell Reg. No. 35,851
Karen L. Prus Reg. No. 39,337
Robert H. Brink Reg. No. 36,094
Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009
Virginia C. Bennett Reg. No. 37,092
Frank P. Grassler Reg. No. 31,164
Christopher P. Rogers Reg. No. 36,334
Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209
John L. Lemanowicz Reg. No. 37,380
Amy H. Fix Reg. No. 42,616

Send Correspondence to:

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Corporate Intellectual Property Department
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709



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0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Duncan	Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1		Sandwich	GB	GB
		Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	David	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2		Welwyn Garden City	GB	GB
		Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Miles	Stuart
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3		Cambridge	GB	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

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Research Triangle Park, NC 27709



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201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE & CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS			
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE & CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS			
303	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE & CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS			

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

Continued

ATTORNEY'S DOCKET NUMBER
PG3612USW

1-20	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Martin
0	INVENTOR'S SIGNATURE	Signature X <i>[Signature]</i>	Date X	6 th August 2001.
4	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB <i>GBX</i>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME GREEN	FIRST GIVEN NAME Darren	SECOND GIVEN NAME/INITIAL Victor, Steven
0	INVENTOR'S SIGNATURE	Signature X	Date X	
5	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X	Date X	
6	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME Torquil	SECOND GIVEN NAME/INITIAL Iain, Maclean
0	INVENTOR'S SIGNATURE	Signature X	Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
0	INVENTOR'S SIGNATURE	Signature X	Date X	
8	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL McMurtrie
0	INVENTOR'S SIGNATURE	Signature X	Date X	
9	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MORRIS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X	Date X	
10	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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PG3612USW

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Paul	Martin
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
5-00	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X <i>DNS Green</i>	Darren	Victor, Steven
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US <i>GBX</i>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Stuart	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Torquil	Iain, Maclean
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Steven	Philip
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Andrew	McMurtrie
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	Karen	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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2 0 4	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Martin
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME GREEN	FIRST GIVEN NAME Darren	SECOND GIVEN NAME/INITIAL Victor, Steven
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
6-00 2 0 6	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X <i>S. Holman</i>		Date X <i>2nd Aug. 2001</i>
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB <i>GBX</i>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
7-00 2 0 7	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME Torquil	SECOND GIVEN NAME/INITIAL Iain, Maclean
	INVENTOR'S SIGNATURE	Signature X <i>Torquil Iain Maclean Jack</i>		Date X <i>2nd August 2001</i>
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB <i>GBX</i>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
8-00 2 0 8	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
9-00 2 0 9	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL McMurtrie
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
10-00 2 0 10	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

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	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME GREEN	FIRST GIVEN NAME Darren	SECOND GIVEN NAME/INITIAL Victor, Steven
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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8-00 2 0 6 8	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S SIGNATURE	Signature X <i>S.P. Keeling</i>		Date X <i>2nd August 2001</i>
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB <i>GBX</i>
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	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 10	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
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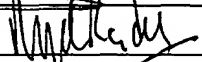

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Martin
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME GREEN	FIRST GIVEN NAME Darren	SECOND GIVEN NAME/INITIAL Victor, Steven
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME Torquil	SECOND GIVEN NAME/INITIAL Iain, Maclean
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
9-00 2 0 9	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL McMurtrie
	INVENTOR'S SIGNATURE	Signature X <i>Andrew Mason</i>		Date X <i>3 Aug 2001</i>
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB <i>GFX</i>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 10	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GORE Signature X	Paul	Martin Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GREEN Signature X	Darren	Victor, Steven Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HOLMAN Signature X	Stuart	 Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	JACK Signature X	Torquil	Iain, Maclean Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KEELING Signature X	Steven	Philip Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MASON Signature X	Andrew	McMurtrie Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
10-00	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	INVENTOR'S SIGNATURE	MORRISS Signature X <i>Karen Morris</i>	Karen	 Date X <i>2/8/2001</i>
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB <i>GBX</i>
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

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1500	2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVEN NAME/INITIAL Grahame
		INVENTOR'S SIGNATURE	Signature X 		Date X 6 Aug 2001
	0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB 
	11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE	Signature X		Date X
	0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PG3612USW

2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVEN NAME/INITIAL Grahame
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
12-00	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X <i>P. Ward</i>		Date X <i>3 August 2001</i>
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB <i>GBX</i>
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

12-00